## Southeast Mechanical, LLC Georgetown SC

## **EMPLOYMENT APPLICATION**

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

| PERSONAL INFORMA  | N  |                         |           | DATE    |                   |                          |  |                  |  |  |  |
|---|--|-------------------------|-----------|---------|-------------------|--------------------------|--|------------------|--|--|--|
| SOCIAL SECURITY   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| NAME  |  |                         |           |         | NUMBER            |                          |  |                  |  |  |  |
| LAST  |  | FIF                     | RST       | N       | MIDDLE            |                          |  |                  |  |  |  |
|   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| PRESENT ADDRESS   |  | OTDEET                  |           | OLTM    |                   | OTATE                    |  | 710              |  |  |  |
|   |  | STREET                  |           | CITY    |                   | STATE                    |  | ZIP              |  |  |  |
| PERMANENT ADDRESS   |  |                         |           |         |                   |                          |  |                  |  |  |  |
|   | STREET   |                         |           | CITY    |                   | STATE                    |  | ZIP              |  |  |  |
| DUONE NO (  | ARE YOU 18 YEARS OR OLDER YES □ NO □           |                         |           |         |                   |                          |  |                  |  |  |  |
| PHONE NO. ( )   | PHONE NO. ( ) ARE YOU IS YEARS OR OLDER YES NO |                         |           |         |                   |                          |  |                  |  |  |  |
| ARE YOU EITHER A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE UNITED STATES YES ☐ NO ☐   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| EMPLOYMENT DESIRED  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| DATE YOU CAN SALARY   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| POSITION  | START DESIRED \$                               |                         |           |         |                   |                          |  |                  |  |  |  |
| WELDING EXPERIENCE  | CE TIG  STICK  MIG  REFERRED BY                |                         |           |         |                   |                          |  |                  |  |  |  |
|   | IF SO MAY WE INQUIRE WITH YOUR                 |                         |           |         |                   |                          |  |                  |  |  |  |
| ARE YOU EMPLOYED NOW? PRESENT EMPLOYER?   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| EVER APPLIED TO THIS COMPANY BEFORE WHEN?   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| OOIWII 7 IIVI BEI OIKE  |  |                         |           | VVIIL   |                   |                          |  |                  |  |  |  |
|   |  | NAME AN                 | חו        |         | NUMBER OF         |                          |  |                  |  |  |  |
| EDUCATION   |  |                         | N OF SCHO | OOL     | YEARS<br>ATTENDED | DID YOU GRADUATE?        |  | SUBJECTS STUDIED |  |  |  |
|   |  |                         |           |         | ATTENDED          | +                        |  |                  |  |  |  |
| HIGH SCHOOL   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| COLLEGE   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| TRADE BUCINESS OF   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| TRADE, BUSINESS OR CORRESPONDENCE   |  |                         |           |         |                   |                          |  |                  |  |  |  |
|   |  |                         |           |         |                   |                          |  |                  |  |  |  |
|   |  |                         |           | 2010    |                   |                          |  |                  |  |  |  |
| SAFETY FORK LIFT □ SCISSOR LIFT □ CONFINED SPACE □  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| SAFETY TRAINING DEC   | ·=\/[  | =D OSL                  | IV 3U 🖂   | OSHA 1  | 0   WHENT         | VKENI3                   |  |                  |  |  |  |
| SAFETY TRAINING RECEIVED OSHA 30 □ OSHA 10 □ WHEN TAKEN?  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| CONSTRUCTION EXPERIENCE  (EXAMPLES RIGGING, CRANE WATCH, FIRE WATCH, TORCH CUTTING, MACHINE OPERATION, AND HEAVY EQUIPMENT) |  |                         |           |         |                   |                          |  |                  |  |  |  |
| LEAVING LES MOGING, CITALE WATCH, THE WATCH, TORCH COTTING, WACHING OF LIVETION, AND THAY TEQUIFINENT)                      |  |                         |           |         |                   |                          |  |                  |  |  |  |
|   |  |                         |           |         |                   |                          |  |                  |  |  |  |
|   |  |                         |           |         |                   |                          |  |                  |  |  |  |
|   |  |                         |           |         |                   |                          |  |                  |  |  |  |
| FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST FIRST)  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| DATE<br>MONTH AND YEAR NAM  |  | ME AND ADDRESS OF EMPLO |           | EMPLOYE | R SALARY          | RY POSITION REASON FOR L |  | SON FOR LEAVING  |  |  |  |
| FROM  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| ТО  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| FROM  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| ТО  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| FROM  |  |                         |           |         |                   |                          |  |                  |  |  |  |
| TO  |  |                         |           |         |                   |                          |  |                  |  |  |  |

| REFERENCES: THREE NAMES OF PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR ONE YEAR   |                 |                        |              |                     |  |  |  |  |  |  |
|---|-----------------|------------------------|--------------|---------------------|--|--|--|--|--|--|
| NAME  | ADDRESS         |                        | RELATIONSHIP | YEARS<br>ACQUAINTED |  |  |  |  |  |  |
| 1.  |                 |                        |              |                     |  |  |  |  |  |  |
| 2.  |                 |                        |              |                     |  |  |  |  |  |  |
| 3.  |                 |                        |              |                     |  |  |  |  |  |  |
| MILITARY SERVICE BRANCH   | RANK            | DAT                    | ES           |                     |  |  |  |  |  |  |
| DRIVERS LICENSE YES□ NO   | □ NUMBER        | STATE                  | EXPIRES      |                     |  |  |  |  |  |  |
| EVER BEEN CONVICTED OF A FELONY YES  NO   |                 |                        |              |                     |  |  |  |  |  |  |
| IF YES, EXPLAIN   |                 |                        |              |                     |  |  |  |  |  |  |
| DISCLAIMER AND SIGNATURE  |                 |                        |              |                     |  |  |  |  |  |  |
| listed above to give you and all information concerning my previous employment and any pertinent information they may have, and release parties for liability for any and all damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without PROIR notice and without cause |                 |                        |              |                     |  |  |  |  |  |  |
| SIGNATURE   |                 | DATE                   |              |                     |  |  |  |  |  |  |
|   | DO NOT WRITE BE | LOW THIS LINE          |              |                     |  |  |  |  |  |  |
| INTERVIEWED BY  |                 | DATE                   |              |                     |  |  |  |  |  |  |
| REMARKS:  |                 |                        |              |                     |  |  |  |  |  |  |
|   |                 |                        |              |                     |  |  |  |  |  |  |
| WELD TEST GIVEN YES □   | NO □ REMARKS:   |                        |              |                     |  |  |  |  |  |  |
|   |                 |                        |              |                     |  |  |  |  |  |  |
| IF NO TEST GIVIN DATE SCHEDULED   |                 |                        |              |                     |  |  |  |  |  |  |
| HIRED YES □ NO □ POSITION   |                 |                        |              |                     |  |  |  |  |  |  |
| SALARY/WAGE   |                 | DATE REPORTING TO WORK |              |                     |  |  |  |  |  |  |
| NOTES   |                 |                        |              |                     |  |  |  |  |  |  |
|   |                 |                        |              |                     |  |  |  |  |  |  |
|   |                 |                        |              |                     |  |  |  |  |  |  |